IN THE DISTRICT COURT FOR THE STATE OF ALASKA FIRST JUDICIAL DISTRICT AT PETERSBURG

STATE OF ALASKA,)
Plaintiff,))
V.))
)))
Defendant,))
TO: Community Work Service Supervisor	
Please complete this form and return service by defendant.	it to the court upon completion of community work
STATEMENT REGARDING	G COMMUNITY WORK SERVICE
I certify that the above-named defendant has	completed:
hours of community work ser	vice.
no community work service.	
Date	Signature
	Print Name
	Time ivaline
	Agency
RETURN THIS FORM TO:	
Petersburg Trial Courts PO Box 1009 Petersburg, AK 99833	
I certify that on a copy of this statement of work completed was given to the defendant.	
Clerk:	AC 12 55 015(a)(6)